Under the Paperwork R	duction Act of 1995, no persons a APPLICATION FEE D Substitute for Fon	re required to respond	U.S. Palent and Trade	pproved for use through	PTO/SB/06 (0)
	Substitute for For	ETERMINATIO m PTO-875	N RECORD	Application	s a valid OMB control num
CI	AIMS AS FILED - PART I			10	110/2
FOR BASIC FEE	NUMBER FILED N	(Column 2) UMBER EXTRA	SMALL ENTI	TY OR	OTHER THAN SMALL ENTITY
(37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c))			RATE F	EE	RATE FEE
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 = .		X \$=	OR X	\$\$
MULTIPLE DEPENDENT CLAIR	1 PRESENT (37 CFR 1.16(d))		X \$=	OR x	S =
* If the difference in column 1	s less than zero, enter *0* in colurr	n 2 .	TOTAL	OR +	=
S-12 CLAIMS,	AS AMENDED - PART II		·	OR 1	TOTAL
(Column 1 CLAIMS REMAININ AFTER AMENDMEN Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	MS HIGHEST NUMBER PREVIOUSLY PAID FOR Minus 3 LTIPLE DEPENDENT CLAIM (37 CFF (Column 2). HIGHEST NUMBER	(Column 3) PRESENT EXTRA X 5	SMALL ENTITY RATE ADDITIONAL FEE RATE ADDITIONAL FEE Z5 = ADDITIONAL FEE Z5 = ADDITIONAL FEE Z5 = ADDITIONAL FEE	OR X S	D= ADDITIONAL FEE
. (Column 1)	(Column o:	TOT/ ADD		OR + 3(D) TOTAL OR ADD'L FEE	
CLAIMS REMAINING AFTER AMENDMENT Total OCFR 1.15(c))	NUMBER PR	ESENT RA	TE ADDI- TIONAL FEE	RATE	ADDI- TIONAL
dependent 7 CFR 1.16(b))	Minus ••• =	x ; 2:	<u>S</u> =	OR x:50=	FEE
RST PRESENTATION OF MULTIPLE	DEPENDENT CLAIM (37 CFR 1.16(d	x s 10		OR X : Z00=	

* If the entry in column 1 is less than the entry in column?; write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Induding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this birden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.